

**Best Available Copy**

<b>CLAIMS ONLY</b>						Application Number <i>10/621190</i>		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
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48							98			
49							99			
50							100			
Total Indep			3				Total Indep			
Total Depend			15				Total Depend			
Total Claims			18				Total Claims			